

2001 MEDICARE SUPPLEMENT EXPERIENCE
EXHIBIT: WISCONSIN BUSINESS¹



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-3585

Name of Company	OCI Number	Contact Person	Telephone Number
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TO BE FILED ON OR BEFORE APRIL 1, 2002

	Approval Date	Policies or Certificates In Force		Number Issued In 2001	Issued With Exclusion Endorsements and/or Number Rejected	2001 Earned Premium	2001 Paid Claims	2001 Claim Reserves ²		2001 Active Life Reserves ³		2001 Incurred ⁴ Claims	2001 Loss Ratio ⁵
		Begin Year	End Year					Begin	End	Begin	End		
I. GROUP	XXXXXX												
1.													
2.													
II. INDIVIDUAL													
A. Guaranteed Renewable													
Form number:													
1.													
2.													
3.													
4.													
5.													
SUBTOTAL	XXXXXX												
B. Other													
Form number:													
1.													
2.													
3.													
4.													
5.													
SUBTOTAL	XXXXXX												
GRAND TOTAL	XXXXXX												

(SEE REVERSE SIDE)

BREAKDOWN OF 2001 CLAIM PAYMENTS BY INCURRAL YEAR

Incurral Year	Group	Guaranteed Renewable	Other Policies
1998			
1999			
2000			
2001			
All Years			

INSTRUCTIONS FOR COMPLETION OF THE WISCONSIN MEDICARE SUPPLEMENT EXHIBIT

- ¹ All data are experience of calendar year 2001 for Medicare supplement certificates or policies issued in Wisconsin after January 1, 1978. Please use additional sheets as necessary.
- ² For purposes of this form, "claim reserves" mean all payments, whether reported or not, accrued and unaccrued, not made as of valuation date on claims incurred prior to valuation date.
- ³ Active life reserves, other than pro rata unearned premium reserves, are not reflected in earned premium.
- ⁴ Incurred claims are paid claims plus increase in claim reserve plus increase in active life reserve.
- ⁵ Loss Ratio is ratio of incurred claims to earned premium.

Pursuant to s. 601.42, Wis. Stat., completion of this form is required of all insurers writing Medicare supplement insurance in Wisconsin. Failure to complete this form may result in administrative action.